

March 31, 2016

VIA EMAIL & REGULAR MAIL

Ms. Kimberly Martone Director of Operations Office of Health Care Access 410 Capitol Avenue, MS #13HCA P.O. Box 340308 Hartford, CT 06134

RE:

Bridgeport Hospital

Dear Ms. Martone:

Please find enclosed a Certificate of Need Equipment Replacement Notification Form for the replacement and relocation of a magnetic resonance imaging scanner owned by Bridgeport Hospital, authorized under Docket Number 12-31766-CON. Please contact me at 203-688-5721 with any questions.

Sincerely,

Nancy Rosenthal

VP, Strategy and Regulatory Planning

Enclosures



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH Office of Health Care Access

Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

Please complete the following:

Provider Name & Address:	Bridgeport Hospital	
	267 Grant Street	
	Bridgeport, CT 06610	
Name and description of the equipment to be replaced:	GE 1.5T HDXT MRI	
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	Docket Number 12-31766-CON	
Address of the existing imaging equipment:	2595 Main Street Stratford, CT 06615	
Name and description of the replacement equipment:	Siemens 3T Magnetom Skyra MRI	
Location where replacement equipment will be operated:	5520 Park Avenue Trumbull, CT 06611	
The date the replaced equipment was replaced:	April 2016	
The disposition of the replaced equipment	Trade-in with seller.	

Person Completing the form:	Matt McKenn	an, S.	land	nev.
	Name Me	St 13	3/31	12016
	Signature	Date	,	